

*Citation for published version:*

Browne, K, Hamilton-Giachritsis, C, Johnson, R & Chou, S 2006, 'Young children in institutional care in Europe', *Early Childhood Matters*, vol. 105, pp. 15-18.

*Publication date:*  
2006

*Document Version*  
Peer reviewed version

[Link to publication](#)

'The final, definitive version of this paper has been published online first in *Early Childhood Matters*, Vol. 105, p15-18, 2005

**University of Bath**

## **Alternative formats**

If you require this document in an alternative format, please contact:  
[openaccess@bath.ac.uk](mailto:openaccess@bath.ac.uk)

### **General rights**

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

### **Take down policy**

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

# *Young children in institutional care in Europe*

**Kevin Browne, Catherine Hamilton-Giachritsis, Rebecca Johnson and Shihning Chou**  
(Centre for Forensic and Family Psychology, University of Birmingham, UK)

Research shows that young children are frequently placed in institutional care throughout America, Europe and Asia. This occurs despite wide acknowledgement that institutional care is associated with more negative consequences than family-based care. For example, children in institutional care are more likely to suffer from attachment disorder, developmental delay and deterioration in brain development (Johnson et al 2006).

In collaboration with the World Health Organization (WHO) Regional Office for Europe, the University of Birmingham carried out a survey of 33 European (excluding Russian-speaking) countries in 2002, as a part of the EU Daphne programme to combat violence to women and children. The study mapped the number and characteristics of children under the age of 3 in residential care (Browne et al 2004, 2005a) and found 23,099 children aged less than 3 years (out of an overall population of 20.6 million under 3) had spent more than three months in institutions, of ten children or more, without a parent. This represents 11 children in every 10,000 under 3 years in residential care institutions.

The figures varied greatly between the different countries. Four countries had none or less than 1 per 10,000 under-3's in institutions, 12 countries had institutionalised between 1 and 10 children per 10,000, seven countries had between 11 and 30 children per 10,000 and, alarmingly, eight countries had between 31 and 60 children per 10,000 in institutions. Switzerland and Luxembourg could provide no information. Only Iceland, Norway, Slovenia and the UK had a policy to provide foster care rather than institutional homes for all needy children under the age of 5. Of most concern were the 15 countries with over one baby in every thousand (10 per 10,000) living the first part of their lives in institutions without a

parent. These countries were Belgium, Bulgaria, Czech Republic, Latvia, with over 50 per 10,000; Hungary, Lithuania, Romania, Slovak Republic with over 30 per 10,000; Finland, Malta, Estonia, Spain with over 20 per 10,000; and Netherlands, Portugal and France with over 10 per 10,000).

Another 2002 survey of Eastern Europe and Central Asia (UNICEF Innocenti 2004) showed most Russian-speaking countries to have at least 20 children in every 10,000 under 3 in 'infant homes'. Pearson product moment correlations performed on the 11 countries that appeared in both surveys revealed a significant level of correlation ( $r = 0.633$ ,  $p < 0.04$ ). This suggests that, although information difficulties exist, reasonable estimates can be made and the data is reliable enough to inform policy and practice.

Browne et al (2006) averaged the data from both surveys. They calculated the number of under-3's in institutional care for 46 out of the 52 countries (88.5%) of the WHO region member states (FYR Macedonia, Israel, Luxembourg, Monaco, San Marino and Switzerland were not included). The resulting figure was 43,842. Since the estimated total population of children in that age group is 30.5 million, that gives a rate of institutionalisation of 14.4 per 10,000. The greatest numbers of under-3's in institutional care were found in Russia (10,411), Romania (4,564), Ukraine (3,210), France (2,980) and Spain (2,471).

However, Carter (2005) claims that the overuse of institutional care for children is far more widespread than official statistics suggest. He states that the NGO 'EveryChild' estimates the actual number of children in social care facilities in Central and Eastern Europe and the former Soviet Union to be approximately double that officially reported. Over the past 15 years, Carter (2005) observes a small decline (13%)

‘The final, definitive version of this paper has been published online first in Early Childhood Matters, Vol. 105, p15-18, 2005

in the absolute number of children in institutional care in this specific region. However, if the decline in birth rate is taken into account, the proportion of the child population in social care facilities has actually increased by 3% since the collapse of the communist system. He proposes the reason to be the social consequences of economic transition in these countries. This has led to increased unemployment, migration of workers, family breakdown and single parenthood. Hence, living in “poverty is a significant underlying factor in the decision” to place a child in institutional care. Nevertheless, research surveys have discovered that there are many institutionalised young children in most parts of Europe.

#### Reasons for institutional care

When comparing Western Europe with other parts of Europe, Browne et al (2004) find different reasons for children being taken into institutional care. Figure 1 gives the official cited reasons for under-3's being in social care facilities for six of the 14 EU member states using this practice (UK excluded) in 2003. The vast majority of children (69%) were placed in residential care institutions because of abuse and neglect, 4% due to abandonment, 4% because of disability and 23% for social reasons, such as family ill-health or parents in prison. No biological orphans (i.e., without living parents) were placed in institutions.

By contrast, figure 2 gives the official cited reasons for under-3's being placed in social care facilities

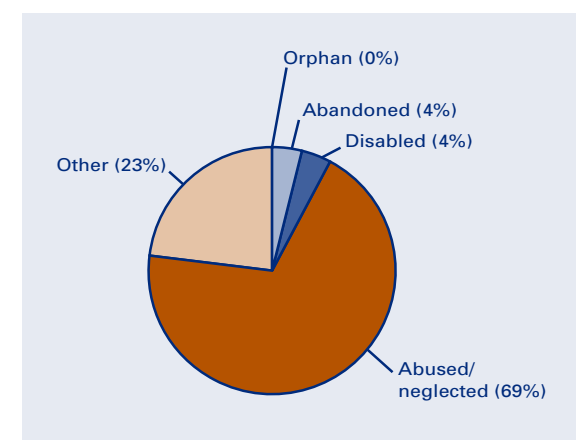


Figure 1. Reasons for institutionalisation of under-3's in the European Union, 2003 (data from Belgium, Denmark, France, Greece, Portugal and Sweden)

for 11 of the 14 other countries surveyed with this practice (Iceland, Norway and Slovenia excluded) in 2003. Only 14% were placed in institutions due to abuse or neglect, 32% were abandoned, 23% had a disability, 25% were 'social orphans' (placed because of family ill-health and incapacity) and 6% were true biological orphans.

Overall, children were most often institutionalised in Western Europe for abuse and neglect whereas, in other parts of Europe, it was mainly because of abandonment and disability. This evidence supports Richard Carter's idea of institutional childcare being associated with poverty and social change in countries experiencing economic transition. Overall, only 4% of children in institutional care were biological orphans (both parents deceased), despite the fact that institutions for young children are often called 'orphanages'. This title gives a very distorted view of the actual situation and promotes national and inter-country adoption at the expense of parental and child rights.

#### Promoting the rights of the child

Countries in transition have been observed to use international adoption as an economically attractive solution to prevent long-term institutional care of children. According to the United Nations Convention on the Rights of the Child (CRC), every child has the right to grow up in a family. However, employing inter-country adoption as a solution to long-term institutional care is not always in the best

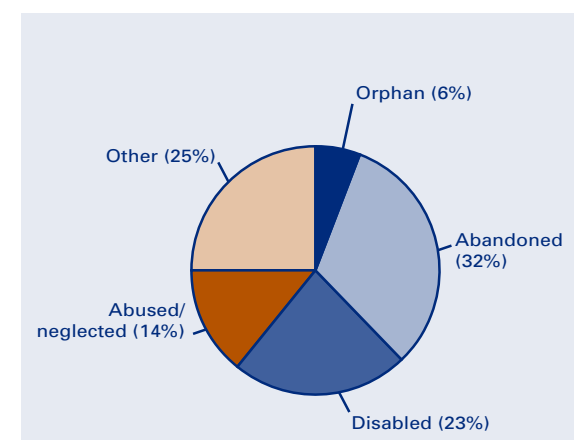


Figure 2. Reasons for institutionalisation of under-3's in other surveyed countries of Europe, 2003 (data from Croatia, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Romania, Slovakia and Turkey)

interests of the child (Bainham 2003). According to Article 21 of the CRC (UN 1989), it should only be considered as a last resort.

Countries in transition that provide a market for international adoption would better serve the interests of their children by developing adequate community support services. In this situation, healthcare and social services support would be offered to parents and surrogate parents before adoption is considered. Yet, this rarely happens (Bainham 2003).

Countries with low public health and social services spending are more likely to have higher numbers of institutionalised children. This is possibly due to a lack of the mother-child residential care facilities and counselling services that can prevent abandonment and rehabilitate parents who are at risk of abusing/neglecting their child. Furthermore, in the absence of adequate health and social services for parents (e.g., mental health and alcohol/drug addiction services), children are likely to remain in institutional care for longer periods of time and adoption may become their only way out.

Browne et al's (2004, 2005a) European survey found a significant positive association between gross domestic product (GDP) and abuse and/or neglect being the cited reason for placing children in residential care. This is not surprising given that child protection procedures are associated with economically developed countries. Overall, countries with lower GDP and health expenditure had larger proportions of young children in institutions. Reasons for institutionalisation were associated mainly with abandonment, disability and medical problems.

The survey also showed that Central and Eastern European countries in transition spent less on institutional care per child compared with economically developed countries in Western Europe (with the exception of Portugal). Therefore conditions for a child in institutional care were



Girl living in a Moscow home for girls neglected or abused by their parents. In the absence of adequate health and social services for parents, children are likely to remain in institutional care for long periods of time.

much better in the second 'developed' country group. Nevertheless, from observation, the better conditions are mainly associated with the physical care of the child and the physical environment of the institutions rather than social care and an interactive environment. Regardless of a country's expenditure per child, the survey consistently found the mean cost of residential care to be significantly higher than the mean cost of foster care for both disabled and able-bodied children. Hence, family-based care for children in need can benefit the taxpayer as well as the child.

#### Moving children out of institutions

The latest research from the Daphne programme team (Browne et al 2005b) looked at residential care for the under-5's in seven European countries (Denmark, France, Greece, Hungary, Poland, Romania and Slovakia). The data show the average age of children entering an institution (of 25 children or more) to be 11 months. Children spend an average of 15 months in institutional care before being placed elsewhere. Approximately one in five children returned to their parents or relatives, 63% entered a new family (foster care or adoption) and a quarter were moved to another institution (of 11 children or more). The study found that countries with better community support services were more likely to base their decisions on the child's needs and to provide better preparation for the move. Most countries assessed children's physical, health

and developmental needs together with the physical environment and carer suitability. However, only half of the disabled children had their disability assessed as part of the decision-making process and only 38% of children with siblings were placed with one of their siblings.

It is important to emphasise that the deinstitutionalisation process may further damage children if the transition is too rapid, as observed in Romania (Mulheir et al 2004) or if the needs of the children are not considered or treated as a priority. Up to a third of children who leave institutions show disability or developmental delay and require follow-up home visits by professionals and a significant investment from community health and social services (Browne et al 2005b). Investing in such community services may help prevent children entering residential care in the first place. In most countries of the European region, state-funded community care of children requires further investment and development in order to promote the rights of the child in line with the CRC (UN 1989).

**Conclusions**

Normal child development is based on regular and frequent one-to-one interaction with a parent or foster parent. This is especially important for the under-3's because the early years are critical for brain development. Therefore, it is recommended that no child of less than 3 years should be placed in a residential care institution without a parent/primary caregiver. High-quality institutional care should only be used as an emergency measure to protect or treat children. Even then, it is recommended that the length of stay should be as short as possible and non-violent parents should be encouraged to visit or stay with the child. Hence, the vast majority of childcare experts argue that *all* residential care institutions for children under five should be closed and the children in them returned to family-based care. However, the under-5's currently living in institutional care should be moved to family-based care only when foster families have been carefully assessed, recruited and trained and associated community services are in place. Deinstitutionalisation without comprehensive assessments on the suitability of kin, foster or adopting family carers, prior to the move, will place

the child at risk of entering a placement that cannot meet their needs.

**References**

Bainham A. 2003. International adoption from Romania: Why the moratorium should not be ended. *Child and Family Law Quarterly*, 15: 233–236.

Browne K.D., Hamilton-Giachritsis C., Johnson R., Agathonos-Georgopoulou H., Anaut M., Herczog M., Keller-Hamela M., Klimackova A., Leth I., Ostergren M., Stan V. and Zeytinoglu S. 2004. Mapping the number and characteristics of children under three in institutions across Europe at risk of harm. (European Union Daphne Programme, Final Project Report No. 2002/017/C), EU/WHO/University of Birmingham, Birmingham, England: University Centre for Forensic and Family Psychology.

Browne K.D., Hamilton-Giachritsis C., Johnson R., Chou, S., Ostegren, M., Leth, I., Agathonos-Georgopoulou H., Anaut M., Herczog M., Keller-Hamela M., Klimackova A., Stan V. and Zeytinoglu S. 2005a. A European survey of the number and characteristics of children less than three years old in residential care at risk of harm. *Adoption & Fostering*. 29(4): 23-33.

Browne K.D., Hamilton-Giachritsis C., Chou S., Johnson R., Agathonos-Georgopoulou H., Anaut M., Herczog M., Keller-Hamela M., Klimackova A., Leth I., Mulheir G., Ostergren M. and Stan, V. 2005b. Identifying good practices in the deinstitutionalisation of children under five years from European institutions. (European Union Daphne Programme, Final Project Report No. 2003/046/C), EU/WHO/University of Birmingham, Birmingham, England: University Centre for Forensic and Family Psychology.

Browne K.D., Hamilton-Giachritsis C., Johnson R. and Ostergren M. 2006. The extent of institutional care for young children across the European region: A cause for concern? *British Medical Journal* (In press).

Carter R. 2005. Family Matters: A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union. London: Everychild.

Johnson R., Browne K.D., Hamilton-Giachritsis C.E. 2006. Young children in institutional care at risk of harm. *Trauma Violence and Abuse*, 7(1): 1–26.

Mulheir, G., Browne, K., Darabus, S. Misca, G., Pop, D. and Wilson, B., 2004. De-institutionalisation of children's services in Romanian: A good practice guide, Bucharest, High Level Group for Romanian Children/UNICEF (ISBN: 973-8411-26-2)

UN 1989. United Nations Convention on the Rights of the Child (UNCRC). New York: United Nations.

UNICEF Innocenti 2004. Innocenti Social Monitor. The Monee Project. Florence: United Nations Children's Emergency Fund (UNICEF Innocenti Centre).